

This Computes!



**Department of Health Care Services
Children's Medical Services Network
(CMS Net) - Information Bulletin #252**

Timeliness Override Claims That Are Not Submitted Timely For Adjudication by the Fiscal Agents

Counties continue to receive requests for approval of provider claims that are more than one year old. This is to clarify the procedures that are applicable to these claims for counties that participate in CMS Net:

Medi-Cal Beneficiaries and AIM Linked Healthy Families (HF) Subscribers

Current law prohibits timeliness of requests for authorization of services from being a factor in approving these requests for Medi-Cal beneficiaries and infants with AIM linked HF eligibility (Aid Code 0C). However, providers are still required to comply with the billing rules for timely submission of claims. These billing rules can be found in the [Medi-Cal Provider Manual](#).

If the CCS authorization was issued over one year prior to the date of service (DOS) on the claim, the provider is responsible for submitting the claim to EDS in accordance with the billing limit requirements (see link above.). If a provider has failed to bill within the one-year time limit from the DOS, the claim should not be forwarded to the CMS Branch Regional Office (RO) for override of the time limit. If the request for authorization is submitted to a county timely but the county is unable to issue the authorization within one year from the DOS of the claim, the provider should be instructed to send the completed claim (with the SAR number on it) to the county for over-ride of claim timeliness by the CMS Branch RO. These are the only claims that will be processed for timeliness over-ride by the RO.

If there are other reasons for the billing delay, such as other coverage billing, or retroactive active Medi-Cal eligibility, it is the responsibility of the provider to document those reasons and submit the claim to EDS for review and processing.

CCS-Only and CCS/HF Clients

There is no authority for authorization of CCS services when there has not been timely referral to CCS. If the request for authorization of services for these clients is submitted timely to the county but the county is unable to authorize the services within one year of the DOS, as indicated above, the resulting claims can be submitted to the CMS Branch RO for override of the time limit. In all other cases, the provider must follow the procedures and processes provided for in the Medi-Cal Provider Manual.

Denti-Cal Claims

Denti-Cal has no provision for submission of claims over 12 months subsequent to the DOS. The policy procedures on timeliness of claims submission to Denti-Cal can be found at page 2-25 of the Denti-Cal Provider Handbook . Section 2 – of the Denti-Cal Provider Handbook is available on the [Denti-Cal Website](#).